



Permit Application

County of Orange

Today's Date: _____

Permit #: _____

TYPE OF PERMIT

- | | |
|--|--|
| <input type="checkbox"/> RESIDENTIAL (RS) | <input type="checkbox"/> COMMERCIAL (NR) |
| <input type="checkbox"/> SWIMMING POOL/SPA (SW/SA) | <input type="checkbox"/> ELECTRICAL (EL) |
| <input type="checkbox"/> MECHANICAL (ME) | <input type="checkbox"/> PLUMBING (PB) |
| <input type="checkbox"/> GRADING (GA/GB) | <input type="checkbox"/> SIGN (SB), SOLAR (SL) |
| <input type="checkbox"/> RETAINING WALL
(Separate attachment required for multiple wall submittal) (RW) | <input type="checkbox"/> Non-Structural (EL, PB, ME Combo) |
| | <input type="checkbox"/> DEMOLITION (DM) |

PROJECT INFORMATION

Address of Project: _____
Address City Zip

Location of Site (Decimal Degrees): _____ / _____ Example: 33.687 / -117.786
Latitude Longitude Latitude Longitude

Owner Name: _____ Phone Number: _____

Owner Address: _____
Address City Zip

Current Permits: _____

Contractor: _____ License #: _____

Address: _____ Phone Number: _____

Agent/Contact Person * : _____ Affiliation: _____

Phone Number: _____ Fax: _____ Email: _____

Job Description: _____

STRUCTURE SIZE: _____ / _____ / _____
Total 1st floor 2nd floor 3rd floor

GARAGE SIZE SQUARE FEET: _____ SITE ACREAGE: _____

ARCHITECT: _____ / _____ / _____
Name Lic#: Street # Area City Phone Number

ENGINEER: _____ / _____ / _____
Name Lic#: Street # Area City Phone Number

SOILS ENGINEER: _____ / _____ / _____
Name Lic#: Street # Area City Phone Number

* If different than owner, owner must sign & certify that they want this person/agent to serve as the designated contact of this application.

STAFF USE ONLY☐ OTC ☐ PLAN CHECK ☐ PLANNING APPLICATION**SETBACKS**

ZONING: _____ ☐ FP ☐ Coastal ACTUAL: _____ REQ'D: _____
 APN#: _____ FRONT _____
 LEGAL: _____ SIDE (R) _____
 PA/CP: _____ ☐ Required SIDE (L) _____
 PLANNER'S NAME: _____ REAR _____

Applicable to Grading Permits ONLY

ENGINEER GEOLOGIST: _____ / _____ / _____ / _____
 Name Lic#: Street # Area City Phone Number
 CUT: _____ FILL: _____ EXPORT: _____
 CUBIC YARDAGE: _____
 SITE ACREAGE: _____ WDID: _____ NOI: _____
 TOTAL SITE ACREAGE: _____ DISTURBED SITE ACREAGE: _____

CAL/OSHA REQUIREMENTS (CHECK APPLICABLE BOX)

- ☐ I am the owner-builder and exempt from State permit requirements.
☐ I acknowledge that I must submit proof of issuance of CAL/OSHA permit for the project.
☐ The project does not require a CAL/OSHA permit, based upon the criteria on the reverse side of this sheet.

Applicable to Sign Permits ONLY:

TENANT/BUSINESS NAME: _____
 OCCUPANCY PERMIT NUMBER: _____
 SIGNAGE DETAIL: ☐ Wall Sign ☐ Freestanding ☐ Single Face ☐ Double Face ☐ Illuminated ☐ Non-Illuminated
 Height: _____ Length: _____ Sq Ft: _____ Ground Clearance: _____
 ADDITIONAL INFORMATION: _____

DECLARATION:

I declare that the foregoing is a true and correct to the best of my knowledge. I understand that an incorrect answer will cause delay to inspection approval and issuance of a stop-work order.

Print Name_____
Signature_____
Date



Designation of Financially Responsible Party

County of Orange

As stated in the Board-approved Ordinance, the County's Planning Department operates by using a time-and-material based deposit and fee structure for plan check, inspection, and planning services. Thus, it is required that each permit or record maintained by Planning have a Financially Responsible Party (FRP) identified.

Per the County Ordinance, the FRP and the owner will receive all official communications regarding fiscal matters, including notices of low balances and additional requests for deposits and copies of permits, and will also receive any refunds, if applicable. Once the FRP is identified, a confirmation notice will be sent in which the named FRP will have 10 days to notify the County of any errors. If the designation is contested, all work on the permit(s) may be stopped until this issue is resolved.

Permit / Record # (s)

As the ☐ Applicant ☐ Owner ☐ Contractor ☐ Other (specify) _____, I designate the Financially Responsible Party to be: _____.

Contact Person/Agent of this application to be: _____.

☐ Applicant ☐ Owner ☐ Contractor ☐ Other _____

Name _____

Company / Business Name _____

Address _____

City, State, Zip _____

Phone # _____

Email Address _____

PRINT NAME

SIGNATURE

DATE

County Use Only

☐ New Application

☐ Revision to Current Application

Received by: _____

Date: _____

Role Updated in APPS: _____